

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

Rec'd

AUG 15 2005

B  
OIMS DRDA

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8265</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>NICHOLAS E SCHOLZ</u> P.O. Box, Bldg., Room No., if any <u>Suite 300</u> Street <u>14405 LAUREL PL</u> City <u>LAUREL</u> State <u>MARYLAND</u> ZIP Code + 4 <u>20707</u>	4. Name, file number, and address of labor organization. Name <u>OPERATIVE PLASTERERS' &amp; CEMENT MASONRY INT'L ASSOC</u> Labor Organization File Number <u>000-132</u> P.O. Box, Building and Room Number, if any <u>Suite 300</u> Street <u>14405 LAUREL PL</u> City <u>LAUREL</u> State <u>MARYLAND</u> ZIP Code + 4 <u>20707</u>
5. Position in labor organization. <u>OFFICE MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Nicholas E. Scholz

On

06-30-2005

Date

301 470 4200

Telephone Number

Name of Person Filing

NICHOLAS SCHOLL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNION PLUS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1125 15TH ST, NW

City WASHINGTON

State DC

ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

BENEFIT PROGRAMS Provider - Mortgage, Credit Card,  
HEALTH BENEFITS, Travel etc.

11.b. Approximate dollar value of such dealing. 500.00

12.a. Nature of interest held or income received.

Award For providing member data on-time  
AND copybook AWARDS  
Good Faith Estimate

12.b. Amount \$ 100.00 \$ 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

NICHOLAS E. SCHOLZ

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ANC - Advertising Novelty Co

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any Suite 550Street 8120 Woodmont AVECity BETHESDAState MARYLANDZIP Code + 4 20814

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

Novelty ITEMS11.b. Approximate dollar value of such dealing. 145,000.00

12.a. Nature of interest held or income received.

Football Tickets - Skins/Engle  
Good FAITH ESTIMATE12.b. Amount. 150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.